

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2512B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYBOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 25720Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 350

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 2437Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Wallcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 1200

Linear Feet _____

Square Feet ☒Area of Damaged ACM: 1/4

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2437A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 24370Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2421

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
☐ Extension Panels
☐ Clapboard
☐ Asbestos/Cement Piping
☐ Sheet Goods
☐ Paints & Coatings
☐ Ceiling Tile
☐ Roofing Felt
☐ Shingles
☐ Millboard
☐ Wallcovering
☐ Other: _____

Total Amount ACM: 300

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2405 Date of Assessment: 9-13-95

Homogeneous Area No.: 21 Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM: (Attached separate sheets if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 1200 Linear Feet _____ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

| | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| Physical Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|-----------------------------------|--|
| Accessibility: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | <input type="checkbox"/> Scheduled | <input type="checkbox"/> Possible | <input checked="" type="checkbox"/> None |
| Vibration: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL Date Report Completed: 10/31/95

Signed: _____ Date: _____
(Facility Asbestos Control Manager)

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 2405 ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 135 Linear Feet _____ Square Feet ✓Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

| | | | |
|------------|--|--|------------------------------------|
| Locations: | <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| | <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| | <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

| | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| Physical Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|--|-----------------------------------|--|
| Accessibility: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | <input type="checkbox"/> Scheduled | <input type="checkbox"/> Possible | <input checked="" type="checkbox"/> None |
| Vibration: | <input checked="" type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 200A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 200

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

✓ Other (specify) Storage

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2437B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 250

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSTOLE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2019

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 10

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 90

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ☐ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☒ Other (specify) Computer /copy

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☒ Moderate ☐ Low

Activity & Movement: ☐ High ☒ Moderate ☐ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2000

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 17

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 2400

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☐ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☒ Other (specify) WORKROOM

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS (BLACK)

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 2002

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 17

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 3240

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSTOLE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☐ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☒ Other (specify) WORKROOM

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS (BLACK)

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3116 G

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
☐ Extension Panels
☐ Clapboard
☐ Asbestos/Cement Piping
☐ Sheet Goods
☐ Paints & Coatings
☐ Ceiling Tile
☐ Roofing Felt
☐ Shingles
☐ Millboard
☐ Wallcovering
☐ Other: _____

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3415Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 400

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

F-415

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3413

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
____ Extension Panels
____ Clapboard
____ Asbestos/Cement Piping
____ Sheet Goods
____ Paints & Coatings
____ Ceiling Tile
____ Roofing Felt
____ Shingles
____ Millboard
____ Walkcovering
____ Other: _____

Total Amount ACM: 400

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

____ Mechanical Area

____ Lobby

____ Conference Room

____ Hallway

____ Cafeteria

____ Garage

____ Roof

____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3413ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Walkcovering

☐

Sheet Goods

☐

Other:

☐

Paints & Coatings

Total Amount ACM: 100Linear Feet Square Feet ✓Area of Damaged ACM: n/aLinear Feet Square Feet Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify)

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity & Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed:
(Facility Asbestos Control Manager)Date:

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3002

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 110 Linear Feet _____ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ✓ Type: CHRYSO TILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office _____ Mechanical Area _____ Lobby _____
 _____ Conference Room _____ Hallway _____ Cafeteria _____
 _____ Garage _____ Roof _____
 _____ Other (specify) _____

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|---------------|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <u>✓</u> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|-----------------|----------------|---------------|
| Accessibility: | _____ High | _____ Moderate | <u>✓</u> Low |
| Activity & Movement: | _____ High | _____ Moderate | <u>✓</u> Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <u>✓</u> None |
| Vibration: | _____ High | _____ Moderate | <u>✓</u> Low |
| Air Plenum: | <u>✓</u> Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3006Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 110

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Prepared by: _____

Date Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3005Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 240

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3301ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 192

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
____ Extension Panels
____ Clapboard
____ Asbestos/Cement Piping
____ Sheet Goods
____ Paints & Coatings
____ Ceiling Tile
____ Roofing Felt
____ Shingles
____ Millboard
____ Walkcovering
____ Other: _____

Total Amount ACM: 7820

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

____ Mechanical Area

____ Lobby

____ Conference Room

____ Hallway

____ Cafeteria

____ Garage

____ Roof

____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301N

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSO TILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3301CDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYBOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3301DDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 300

Linear Feet _____

Square Feet LArea of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3114Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 90

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSTOLEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS (BLACK)Assessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301 F

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS (BLACK)

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301E

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS (BLACK)

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NMC024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3301JDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 468

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3218

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 400

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTOLE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3402Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTOLEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3407Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 350

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3412

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 350

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3412ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3416Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 90

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3420

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
☐ Extension Panels
☐ Clapboard
☐ Asbestos/Cement Piping
☐ Sheet Goods
☐ Paints & Coatings
☐ Ceiling Tile
☐ Roofing Felt
☐ Shingles
☐ Millboard
☐ Walkcovering
☐ Other: _____

Total Amount ACM: 750

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3420ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastie☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Wallcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTOLEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3122Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 400

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3122ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3116 D

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3116E

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTOLE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3116FDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐ Ceiling Tile☒

Mastic

☐ Roofing Felt☐

Extension Panels

☐ Shingles☐

Clapboard

☐ Millboard☐Asbestos/Cement
Piping☐ Wallcovering☐

Sheet Goods

☐ Other: _____☐

Paints & Coatings

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301 G

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile
☒ Mastic
☐ Extension Panels
☐ Clapboard
☐ Asbestos/Cement Piping
☐ Sheet Goods
☐ Paints & Coatings
☐ Ceiling Tile
☐ Roofing Felt
☐ Shingles
☐ Millboard
☐ Wallcovering
☐ Other: _____

Total Amount ACM: 300

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3301HDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 300

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYBOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 33014Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 122

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

F-445

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3301 M

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 122

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3414 ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSOCTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

| | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| Physical Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|-----------------------------------|--|
| Accessibility: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | <input type="checkbox"/> Scheduled | <input type="checkbox"/> Possible | <input checked="" type="checkbox"/> None |
| Vibration: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments: MASTIC CONTAINS 3-5% CHRYSOCTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3024Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 2000

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYCOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bdg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3024ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastix☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Wallcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 90

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYCOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity & Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bdg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3024B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile
☒ Mastic ☐ Roofing Felt
☐ Extension Panels ☐ Shingles
☐ Clapboard ☐ Millboard
☐ Asbestos/Cement Piping ☐ Walkcovering
☐ Sheet Goods ☐ Other: _____
☐ Paints & Coatings

Total Amount ACM: 90

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5% Asbestos Assumed? _____

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3024CDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Walkcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 90

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSOCTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity & Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOCTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3024DDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 80

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYCOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

| | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| Physical Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|-----------------------------------|--|
| Accessibility: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | <input type="checkbox"/> Scheduled | <input type="checkbox"/> Possible | <input checked="" type="checkbox"/> None |
| Vibration: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bdg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3106Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Walkcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 100

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYLOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity & Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYLOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3116

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 5

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 300 Linear Feet _____ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: _____ Office _____ Mechanical Area _____ Lobby
 _____ Conference Room ✓ _____ Hallway _____ Cafeteria
 _____ Garage _____ Roof
 _____ Other (specify) _____

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|---------------------|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> _____ None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> _____ None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <u>✓</u> _____ None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|--------------------|----------------|---------------------|
| Accessibility: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Activity & Movement: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <u>✓</u> _____ None |
| Vibration: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Air Plenum: | <u>✓</u> _____ Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3116ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 10

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 90 Linear Feet _____ Square Feet ✓Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____Asbestos Known? ✓ Type: CHRYLOTILE Percentage: 3-5% Asbestos Assumed? ✓

| | | | |
|------------|--|--|------------------------------------|
| Locations: | <input type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| | <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| | <input checked="" type="checkbox"/> Other (specify) <u>COMPUTER/COPY</u> | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYLOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 3116B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

✓ Other (specify) STORAGE

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 3114CDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room _____ Hallway

_____ Cafeteria

_____ Garage _____ Roof

✓ Other (specify) STORAGE

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4447DDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 7

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Wallcovering

☐

Sheet Goods

☐

Other: _____

☐

Paints & Coatings

☐Total Amount ACM: 150

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

✓ _____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4045ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 75

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYBOTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

| | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input checked="" type="checkbox"/> Other (specify) <u>STORAGE</u> | | |

Condition of ACM:

| | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| Physical Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|-----------------------------------|--|
| Accessibility: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | <input type="checkbox"/> Scheduled | <input type="checkbox"/> Possible | <input checked="" type="checkbox"/> None |
| Vibration: | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4315B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 80 Linear Feet _____ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ☒ Type: CHRYSDOTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: _____ Office _____ Mechanical Area _____ Lobby
 _____ Conference Room _____ Hallway _____ Cafeteria
 _____ Garage _____ Roof
☒ Other (specify) STORAGE

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|--|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|----------------|--|
| Accessibility: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <input checked="" type="checkbox"/> None |
| Vibration: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4447 CDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 80

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSDOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

✓ Other (specify) STORAGE

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4006

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 9

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 1400

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: _____ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

☒ Other (specify) LIBRARY

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4045

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4049

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 180

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSTOLE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEPIAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4303Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Wallcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 300

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4303ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4311

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 250

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4315

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 400

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 435A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150 Linear Feet _____ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ✓ Type: CHRYSDOTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office _____ Mechanical Area _____ Lobby _____
 _____ Conference Room _____ Hallway _____ Cafeteria _____
 _____ Garage _____ Roof _____
 _____ Other (specify) _____

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|---------------------|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> _____ None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <u>✓</u> _____ None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <u>✓</u> _____ None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|--------------------|----------------|---------------------|
| Accessibility: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Activity & Movement: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <u>✓</u> _____ None |
| Vibration: | _____ High | _____ Moderate | <u>✓</u> _____ Low |
| Air Plenum: | <u>✓</u> _____ Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4447

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 1200 Linear Feet _____ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ☒ Type: CHRYSTOLE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office _____ Mechanical Area _____ Lobby _____

_____ Conference Room _____ Hallway _____ Cafeteria _____

_____ Garage _____ Roof _____

_____ Other (specify) _____

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|--|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|----------------|--|
| Accessibility: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <input checked="" type="checkbox"/> None |
| Vibration: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD ALBUQUERQUE, NEW MEXICOArea: 44478Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Wallcovering

☐

Sheet Goods

☐

Other: _____

☐

Paints & Coatings

Total Amount ACM: 180

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSDOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓☒

Office

☐

Mechanical Area

☐

Lobby

☐

Conference Room

☐

Hallway

☐

Cafeteria

☐

Garage

☐

Roof

☐

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐

Major

☐

Minor

☒

None

Water Damage/Deterioration:

☐

Major

☐

Minor

☒

None

Friability of Damaged Area:

☐

Major

☐

Minor

☒

None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐

High

☐

Moderate

☒

Low

Activity & Movement:

☐

High

☐

Moderate

☒

Low

Change in Building Use:

☐

Scheduled

☐

Possible

☒

None

Vibration:

☐

High

☐

Moderate

☒

Low

Air Plenum:

☒

Yes

☐

No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4447ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | | | |
|-------------------------------------|------------------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> | Floor Tile | <input type="checkbox"/> | Ceiling Tile |
| <input checked="" type="checkbox"/> | Mastic | <input type="checkbox"/> | Roofing Felt |
| <input type="checkbox"/> | Extension Panels | <input type="checkbox"/> | Shingles |
| <input type="checkbox"/> | Clapboard | <input type="checkbox"/> | Millboard |
| <input type="checkbox"/> | Asbestos/Cement Piping | <input type="checkbox"/> | Wallcovering |
| <input type="checkbox"/> | Sheet Goods | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Paints & Coatings | <input type="checkbox"/> | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4435Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 750

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSTOTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4427Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Wallcovering

☐

Sheet Goods

☐

Other: _____

☐

Paints & Coatings

☐Total Amount ACM: 900

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

☒

Office

☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒

None

Water Damage/Deterioration:

☐ Major☐ Minor☒

None

Friability of Damaged Area:

☐ Major☐ Minor☒

None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒

Low

Activity & Movement:

☐ High☐ Moderate☒

Low

Change in Building Use:

☐ Scheduled☐ Possible☒

None

Vibration:

☐ High☐ Moderate☒

Low

Air Plenum:

☒ Yes☐ No

Comments:

MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

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Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4423 Date of Assessment: 9-13-95

Homogeneous Area No.: 21 Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM: ☒ Floor Tile ☐ Ceiling Tile
 (Attached separate sheets if more than one type.) ☒ Mastic ☐ Roofing Felt
☐ Extension Panels ☐ Shingles
☐ Clapboard ☐ Millboard
☐ Asbestos/Cement Piping ☐ Wallcovering
☐ Sheet Goods ☐ Other: _____
☐ Paints & Coatings _____

Total Amount ACM: 180 Linear Feet _____ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet _____ Square Feet _____

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office ☐ Mechanical Area ☐ Lobby
☐ Conference Room ☐ Hallway ☐ Cafeteria
☐ Garage ☐ Roof
☐ Other (specify) _____

Condition of ACM:
 Physical Damage/Deterioration: _____ Major _____ Minor ☒ None
 Water Damage/Deterioration: _____ Major _____ Minor ☒ None
 Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:
 Accessibility: _____ High _____ Moderate ☒ Low
 Activity & Movement: _____ High _____ Moderate ☒ Low
 Change in Building Use: _____ Scheduled _____ Possible ☒ None
 Vibration: _____ High _____ Moderate ☒ Low
 Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL Date Report Completed: 10/31/95

Signed: _____ Date: _____
 (Facility Asbestos Control Manager)

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4411Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

Ceiling Tile

☒

Mastic

Roofing Felt

☐

Extension Panels

Shingles

☐

Clapboard

Millboard

☐Asbestos/Cement
Piping

Wallcovering

☐

Sheet Goods

Other: _____

☐

Paints & Coatings

Total Amount ACM: 500

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

☐ Conference Room

Hallway

Cafeteria

☐ Garage

Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4001

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 200

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4002

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 180

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4014

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSTOLE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4001A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4001B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Reported Completed: 10/2/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4009

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTOLE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4013

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ None

Water Damage/Deterioration: _____ Major _____ Minor ✓ None

Friability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ Low

Activity & Movement: _____ High _____ Moderate ✓ Low

Change in Building Use: _____ Scheduled _____ Possible ✓ None

Vibration: _____ High _____ Moderate ✓ Low

Air Plenum: ✓ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4017

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4021

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4025Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Wallcovering

☐

Sheet Goods

☐

Other: _____

☐

Paints & Coatings

☐Total Amount ACM: 1.50

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4029

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓

Type: CHRYBOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Agency Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4033Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 250

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4041Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 250

Linear Feet _____

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ✓Type: CHRYCOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

_____ Mechanical Area

_____ Lobby

_____ Conference Room

_____ Hallway

_____ Cafeteria

_____ Garage

_____ Roof

_____ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ✓ NoneWater Damage/Deterioration: _____ Major _____ Minor ✓ NoneFriability of Damaged Area: _____ Major _____ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ✓ LowActivity & Movement: _____ High _____ Moderate ✓ LowChange in Building Use: _____ Scheduled _____ Possible ✓ NoneVibration: _____ High _____ Moderate ✓ LowAir Plenum: ✓ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

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Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4024Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 175

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYCOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ NoneWater Damage/Deterioration: _____ Major _____ Minor ☒ NoneFriability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ LowActivity & Movement: _____ High _____ Moderate ☒ LowChange in Building Use: _____ Scheduled _____ Possible ☒ NoneVibration: _____ High _____ Moderate ☒ LowAir Plenum: ☒ Yes _____ NoComments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4020

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4008

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile
☒ Mastic ☐ Roofing Felt
☐ Extension Panels ☐ Shingles
☐ Clapboard ☐ Millboard
☐ Asbestos/Cement Piping ☐ Wallcovering
☐ Sheet Goods ☐ Other: _____
☐ Paints & Coatings

Total Amount ACM: 200

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYLOTILE

Percentage: 3-5%

Asbestos Assumed? _____

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYLOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4406Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement
Piping☐ Wallcovering☐ Sheet Goods☐ Other: _____☐ Paints & CoatingsTotal Amount ACM: 150

Linear Feet _____

Square Feet ☒Area of Damaged ACM: N/A

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYCOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity & Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Other (specify) _____

None

No

Date:

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4406BDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 120 Linear Feet _____ Square Feet ☒Area of Damaged ACM: N/A Linear Feet _____ Square Feet _____Asbestos Known? ☒ Type: CHRYCOTILE Percentage: 3-5% Asbestos Assumed? _____Locations: ☒ Office _____ Mechanical Area _____ Lobby _____
_____ Conference Room _____ Hallway _____ Cafeteria _____
_____ Garage _____ Roof _____
_____ Other (specify) _____

Condition of ACM:

| | | | |
|--------------------------------|-------------|-------------|--|
| Physical Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Water Damage/Deterioration: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |
| Friability of Damaged Area: | _____ Major | _____ Minor | <input checked="" type="checkbox"/> None |

Potential for Future Damage, Disturbance, or Erosion:

| | | | |
|-------------------------|---|----------------|--|
| Accessibility: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Activity & Movement: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Change in Building Use: | _____ Scheduled | _____ Possible | <input checked="" type="checkbox"/> None |
| Vibration: | _____ High | _____ Moderate | <input checked="" type="checkbox"/> Low |
| Air Plenum: | <input checked="" type="checkbox"/> Yes | _____ No | |

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4406C

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Walkcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 90

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5%

Asbestos Assumed? _____

Locations:

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Mechanical Area | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Other (specify) _____ | | |

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4406DDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement
Piping☐

Walkcovering

☐

Sheet Goods

☐

Other: _____

☐

Paints & Coatings

Total Amount ACM: 90

Linear Feet _____

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5%

Asbestos Assumed? _____

Locations: ☒

Office

☐

Mechanical Area

☐

Lobby

☐ Conference Room☐

Hallway

☐

Cafeteria

☐ Garage☐

Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒

None

Water Damage/Deterioration:

☐ Major☐ Minor☒

None

Friability of Damaged Area:

☐ Major☐ Minor☒

None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒

Low

Activity & Movement:

☐ High☐ Moderate☒

Low

Change in Building Use:

☐ Scheduled☐ Possible☒

None

Vibration:

☐ High☐ Moderate☒

Low

Air Plenum:

☒

Yes

☐

No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: _____

(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4016

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile
☒ Mastic ☐ Roofing Felt
☐ Extension Panels ☐ Shingles
☐ Clapboard ☐ Millboard
☐ Asbestos/Cement Piping ☐ Wallcovering
☐ Sheet Goods ☐ Other: _____
☐ Paints & Coatings _____

Total Amount ACM: 80

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? _____

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4419

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:
(Attached separate sheets
if more than one type.)

| | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Floor Tile | <input type="checkbox"/> Ceiling Tile |
| <input checked="" type="checkbox"/> Mastic | <input type="checkbox"/> Roofing Felt |
| <input type="checkbox"/> Extension Panels | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Clapboard | <input type="checkbox"/> Millboard |
| <input type="checkbox"/> Asbestos/Cement Piping | <input type="checkbox"/> Wallcovering |
| <input type="checkbox"/> Sheet Goods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints & Coatings | |

Total Amount ACM: 150

Linear Feet _____

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet _____

Square Feet _____

Asbestos Known? ☒

Type: CHRYSOCTILE

Percentage: 3-5%

Asbestos Assumed? _____

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) _____

Condition of ACM:

Physical Damage/Deterioration: _____ Major _____ Minor ☒ None

Water Damage/Deterioration: _____ Major _____ Minor ☒ None

Friability of Damaged Area: _____ Major _____ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: _____ High _____ Moderate ☒ Low

Activity & Movement: _____ High _____ Moderate ☒ Low

Change in Building Use: _____ Scheduled _____ Possible ☒ None

Vibration: _____ High _____ Moderate ☒ Low

Air Plenum: ☒ Yes _____ No

Comments: MASTIC CONTAINS 3-5% CHRYSOCTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: _____
(Facility Asbestos Control Manager)

Date: _____



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